

San Bernardino County CSS WORK PLAN
CSS Plan – 2005-06, 2006-07, 2007-08

Exhibit 4

Program Work Plan Name: Adult - Consumer-Operated Peer-Support Services and Clubhouse Expansion

Work Plan Number – A-1

Description of Program:

1. Consumer Operated Peer Support Services: A countywide peer support recovery program utilizing:
 - Peer education
 - Peer advocacy
 - Peer counselors/specialists
 - Employment support services
 - Life skills development classes
 - Social/recreational activities

This will be an independent program utilizing two consumers hired as Mental Health Specialists and serving as Peer Support Coordinators. They will have office space located in the clubhouses in the San Bernardino and Victorville regions and service these centralized regions. All services will be age, gender and developmentally appropriate. This will be accomplished by hiring culturally diverse staff through a process of outreach into the ethnic communities and identifying training opportunities specific to the populations being served.

2. Clubhouse Enhancement: Provides expanded capacity for social and community rehabilitation activities for 600 total, 300 additional underserved seriously mentally ill (SMI) adults per site in two regionally centralized locations, beginning in the City of San Bernardino and enhancing services in the High Desert region of San Bernardino County (Victorville); thus providing the integrated services of a “Fountain House” clubhouse model within these regions.

The clubhouse will become central training sites for both consumers and staff implementing and disseminating the recovery model philosophy throughout the San Bernardino County Department of Behavioral Health (DBH). DBH will have trainers and consultants with consumer and recovery experience to develop and provide formal and

informal internships and mentor programs. Funding will be specifically budgeted for this purpose (see *exhibit 5a. under A. Expenditures, line item d., Employment and Education Supports.*) All regional clubhouses will be affected through enhancement and outreach activities.

3. Clubhouse Expansion for Services: Provides underserved seriously mentally ill (SMI) adults with:

- Increased social and recreational activities
- Supported employment and housing
- Health and psychiatric services
- Programs for co-occurring disorders
- Crisis response and respite services
- Expanded hours of operation within the County's existing clubhouse system to include mentor and internship programs

Clubhouses will demonstrate 90% consumer operation by 07-08. Consumer operation will be defined by the fact that 90% of the operations:

- Clerical
- Maintenance
- Group facilitation
- Recreational Activities

will be performed by consumer participants. There will only be 3.5 paid staff assigned to each clubhouse site; and they will function in consultant/advisory/supervisory role, which will diminish as consumers become more capable and experienced. In addition, every effort will be made to hire consumers for paid staff positions in the clubhouses by identifying and recruiting consumers who meet the employment requirements for the DBH positions. It should also be noted that consistent with clubhouse philosophy, a consumer council or governing board would oversee and decide on all clubhouse activities and policies utilizing the "nothing about us without us" strategy of client empowerment movement.

There will also be an Office of Consumer and Family Affairs that will be staffed by two (2) paid consumers, hired under the Peer Support Services program and budget that will identify all relevant resources for training, curriculum and consultation in Recovery Model programs. Trainers, consultants and training modules from a nationwide search of resources will be utilized to train an ever-expanding number of consumers who will be able to increase their responsibility and leadership roles in the clubhouses and move on to mentoring their peers.

Priority Population:

Persons between age 18 - 65 with a diagnosis of severe mental illness (SMI) who are interested in support, rehabilitation and recovery services provided by peers, thus increasing their ability to function in the community.

The number of clients projected to receive services annually is 300 under System Development and 300 under Outreach and Engagement for a total of 600.

Adults	Unserved, Underserved or Inappropriately Served
African-American	18%
Asian-American	3%
Euro-American	34%
Latino	40%
Native-American	1%
Other	4%

Some un-served people are expected to be served for the first time through this program, although most will have had contact with County Department of Behavioral Health (DBH), yet with little or no prior experience with peer-provided services.

Transitional Age Youth (TAY) clients between the ages of 18-25 who are interested or in need of additional supports may also utilize the services of the TAY One-Stop Centers that are being developed in DBH through MHSA funding in coordination with the overall MHSA plan.

#	Name and Description	Fund Type			Budget		
		FSP	SD	OE	Expense	Revenue	Net CSS
	<ul style="list-style-type: none">Consumer-Operated Peer-Support: Consumers and Family Members will be recruited as Mental Health Specialists (MHS) who will be assigned to provide a full array of culturally and linguistically appropriate peer recovery and support services throughout San Bernardino County. The six Mental Health Specialists will be divided between two programs with two MHS		X		\$935,691	\$53,029	\$882,662

	<p>positions, utilizing consumers only to staff the Peer Recovery Support Program and be the main staff for the Office of Consumer and Family Affairs. Four MHS positions assigned to the clubhouses in San Bernardino and Victorville. These six paid positions will form an initial base of consumer/family member employees who will be used to role model and train other consumers. All efforts will be made to hire culturally diverse consumers for these positions through recruitment and outreach to increase services to underserved ethnic populations. Funding has been allocated to provide the initial consumer employees with training, consultation and support to insure their success. Expansion of additional trained consumers will be an ongoing goal with additional paid positions developed as funding allows. The consumers hired for the Peer Support Program, implemented through the Office of Consumer and Family Affairs, will serve 200 consumers in the community by the end of fiscal year 07-08 through outreach into the community, i.e. board and care facilities, IMD's, community centers, churches, etc.</p> <ul style="list-style-type: none"> • Mental Health Specialists and Occupational Therapists will assist and support 300 members to engage in paid vocational activities by fiscal year 07-08. Currently, with limited employment services available through DBH, up to thirty (30) unduplicated consumers monthly, request vocational support services and whose needs cannot be adequately met. • An Office of Consumer and Family Affairs will be established in two central and strategic 						
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	<p>locations in San Bernardino County to establish, support, coordinate and advocate for system-wide planning and implementation of the Recovery Model programs. The staff will be funded through the budget for the Consumer-Operated Peer Support Services program.</p> <ul style="list-style-type: none"> • Two Occupational Therapist positions will be recruited for consumer/volunteer training and program support. Every effort will be made to hire consumers with the appropriate credentials for this program. • One (1) clerical staff will provide administrative/clerical support. • Hired consumers will be strategically based each in one of the three clubhouses, West Valley, East Valley/San Bernardino, and High Desert. However, outreach will be provided in all regions throughout the county. • Expand the number of trained consumers, provide peer recovery services, have regular in-service meetings and follow-up with all consumers to provide ongoing support. The goal will be to train fifty (50) consumers by the second year of program implementation through outside training and mentor programs to provide leadership in the peer recovery and clubhouse programs. • “Fountain House” model clubhouse programs will be International Center for Clubhouse Development (ICCD) certified and will follow the 36 standards of practice from the ICCD (including the training of all consumer staff in recovery principles). All remaining clubhouse 						
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	<p>programs will employ many ICCD standards along with engagement strategies.</p> <ul style="list-style-type: none"> • In-service training will be provided to paid staff to access supported housing resources and employment supports, such as California Department of Rehabilitation CO-OP programs and Housing Authority subsidized apartment rentals. • Structured educational activities on a variety of topics will be implemented. These will include, but will not be limited to, adult education, GED classes, symptom management, life skills, etc. These activities will be offered, promoting rehabilitation goals, through staff, peers, and community resources. • Consumers Advocating Recovery through Empowerment (CARE), arts and crafts, sport activities, recreational outings, self-help advocacy group, etc. • Structured educational activities on a variety of topics will be implemented. These will include, but are not limited to, adult education, GED classes, symptom management, life skills, etc. These activities, promoting rehabilitation goals, will be offered through staff, peers, and community resources. • Use/develop curriculum to include promising and best practices to include: SAMHSA's Illness Management & Recovery Toolkit, NAMI's Peer-to-Peer Recovery Program, NEC's PACE Plan, and/or other approaches (WRAP planning, employment development, housing and educational goal setting, advocacy strategizing, and peer support training, etc.). • The DBH-run clubhouses that will be operated 						
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	<p>by primarily consumer-run activities will provide opportunities for social rehabilitation and symptom management through an array of peer-led, gender and cultural-specific educational, and leisure groups and community activities such as Dual Diagnosis Anonymous, Inland Network of Community Clubhouses, Pathways to Recovery, NAMI Consumers Advocating Recovery through Empowerment (CARE), arts and crafts, sport activities, recreational outings, self-help advocacy groups, etc. Consistent with Clubhouse philosophy, all activities will be self-directed by consumer choice and overall groups, activities and clubhouse structure and policies will be determined by consumer representation in collaboration with paid staff through a consumer council or governing board.</p> <ul style="list-style-type: none"> • The DBH-operated clubhouses that utilize consumer/member involvement in providing daily programs and utilizing the “Fountain House” model will provide employment screening and job placement through onsite and/or offsite volunteer and/or paid vocational opportunities, e.g. in the areas of clerical, facilities maintenance, retail food preparation, etc. for overall daily operations. The program will also provide ongoing job supports via activities within a network of supportive relationships of peer staff, members who are employed and others who are seeking employment. • Consumer-operated services will focus on rehabilitation; recovery; and increased community integration, individualized for each participant while fostering partnership, 						
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	<p>thus establishing measurable outcomes. Every consumer will be offered to develop a WRAP Plan in helping them achieve their goals for success.</p> <ul style="list-style-type: none"> • Culturally competent services will be provided and community outreach initiated consistent with availability of linguistically and culturally capable staff. Every effort will be made to utilize MHSA funding to identify and recruit culturally appropriate staff to serve the unserved and underserved ethnic populations. This will involve contacting community leaders, schools and agencies providing services currently to the ethnic populations identified. Outreach services will be provided to sites including but not limited to clubhouses, outpatient clinics, Board & Care facilities, NAMI affiliates, IMD's, and other community sites, i.e., churches, etc. • Ethnic populations of adults as well as those with special needs (hearing and sight impaired) who are underserved, unserved, or inappropriately served will be the priority for services in this program. • Engagement, outreach and services that are culturally and linguistically appropriate as well as gender-specific will be provided through Consumer-Operated Peer-Support Services. • Expanded space and equipment, including vans for transportation, will allow for expansion and increased utilization of social and recreational activities such as sports, outings, etc. • Evening and weekend hours will allow for social events such as dances, holiday celebrations, coffee house and entertainment activities. • Two (2) six-slot transitional housing programs 						
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	<p>within easy commuting distance of each clubhouse to increase permanent housing options for SMI adults with little history of independent living.</p> <ul style="list-style-type: none"> • Expanded networking/collaboration will be implemented through the use of MOU's, written referral and interagency cooperation agreements and development of specific protocols with a wide variety of agencies that serve the mentally ill population and can provide resources and support. Currently the clubhouses have contracts, on a limited basis, with food banks, Goodwill for clothing exchanges, and the District Attorney, the Public Defender, the San Bernardino Police Dept., and the Superior Court for an innovative Homeless Court that is held at the San Bernardino clubhouse site. Building on the experience that DBH already has in developing and implementing MOU's and contracts with numerous agencies such as California Department of Rehabilitation, the Probation Dept., Mental Health and Drug Courts, etc., this networking and collaboration will be expanded and formalized. • Track services, sites, and the number of consumers being served. 						
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